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TO: U.S. Patent & Trademark Office

NAME: Examiner: Ronald Baum

DATE & TIME: 01/27/06

CONFIRMATION:

PAGES TO FOLLOW: 31

FAX NUMBER: 571-273-8300

FROM: Morris, Manning & Martin, LLP

CHARGE TO:

NAME: John R. Harris

CLIENT/MATTER: 10775-36791

PHONE: (404) 233-7000

CONFIRMATION TIME:

____:____:____
HR MIN SECCOMMENTS:AMENDMENT AND RESPONSE TO FIRST OFFICE ACTION AND RECORD OF INTERVIEW

Applicant: John A. Copeland III

Application No.: 10/062,621

Docket No.: 10775-36791

Filing Date: 01/31/2002

Title: NETWORK PORT PROFILING

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being ☐ deposited with the United States Postal Service as First Class mail in an envelope addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or ☒ transmitted to the U.S. Patent and Trademark Office by facsimile to number 571 273 8300 and 571-273-6741 on January 27, 2006.

John R. Harris, Reg. No. 30,388

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JAN 27 2006

Inventor: John A. Copeland III) Confirmation No.: 2472
)
 Application No.: 10/062,621) Examiner: Ronald Baum
)
 Filed: January 31, 2002) Atty Docket: 10775-36791

Title: NETWORK PORT PROFILING

CERTIFICATE UNDER 37 CFR 1.10

The undersigned hereby certifies that this document, as described herein, are being deposited via Facsimile to 571-273-8300 addressed to: Mail Stop Amendment, Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on January 27, 2006.

By: 
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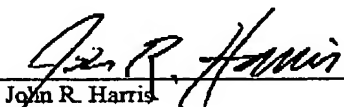
We are transmitting herewith the attached:

- ☒ Transmittal Sheet containing Certificate of Mailing (1 page)
- ☒ Amendment and Response to First Office Action and Record of Interview (28 pages)
- ☒ Petition For Two-Month Extension Of Time (1 page)
- ☒ Credit Card Payment Form PTO-2038 in the amount of \$2,155 (\$225 for two-month extension of time, (\$1,930 fee for extra claims and multiple dependent claims (1 page)

AS AMENDED

| Claims Remaining After Amendment | | Highest Number Previously Paid For | | Present Extra | | Rate | | Fee |
|--|---|------------------------------------|---|---------------|---|--------|---|------------|
| Total Claims | | | | | | | | |
| 88 | - | 22 | = | 66 | x | 25.00 | = | \$1,650.00 |
| Independent Claims | | | | | | | | |
| 5 | - | 4 | = | 1 | x | 100.00 | = | \$100.00 |
| Multiple Dependent Claims | - | | = | - | x | 180.00 | = | \$180.00 |
| Petition for Two-Month Extension of Time | | | | | | | | \$225.00 |
| TOTAL FILING FEE | | | | | | | | \$2,155.00 |

Please send all correspondence to:
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 Customer No. 24728

By: 
 Name: John R. Harris
 Reg. No: 30,388